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AN EXEMPLARY CASE IN CONSERVATIVE SURGERY.

By Wm. C. Crooks, M. D.,

Of Philadelphia, Pa., late Assistant Surgeon U. S. Army.

Mr. D—, æt. 35, a stock-raiser on the frontier of Texas, was confided to my care January 7, 1870, to be treated for a gunshot wound, resulting in extensive comminution of the elbow-joint. The injury involved the lower end of the *humerus*, the ball being of the round variety, and, as informed, shot from an old "Mississippi rifle." It entered the joint at the internal condyle, passing—from the position of the arm at the time—obliquely upwards through the lesser sigmoid cavity, and made its exit just above the external condyle, splintering extensively the extensor muscles, though not so completely shattering it as at the point of entrance. Free and exhaustive primary hemorrhage supervened, though no large vessel had been severed.

Some 30 miles from home, visiting his cattle range, Mr. D. and friend were attacked by the Indians, he being the unfortunate. The wound instantly and completely disabled the arm, causing D. to beat a retreat, which was quickly joined in by his friend. The Indians did not press them vigorously, and it being about sunset they were soon allowed to move homeward undisturbed. Blood flowed so freely that Mr. D.'s condition caused alarm, but at last home was reached in a completely exhausted condition. The fort (30 miles from D.'s residence) being the nearest point at which medical aid could be summoned, was next visited by D.'s friend, and the commanding officer importuned to furnish a suitable conveyance and escort that the surgeon might render such assistance as would be necessary, all of which was quickly acceded to.

The patient was seen some twenty hours after the occurrence. Blood was still oozing quite freely from the wound; considerable tumefaction existed, and the patient, though naturally a hale, robust individual, was pale and weak, almost to fainting, from loss of blood. A careful exploration of the wound revealed a condition of parts as above described. A small teaspoonful of crushed fragments of bone was removed, and such splinters as were not totally unattached adjusted with all possible care—the wound, both at the point of entrance and exit, being sufficiently large to fully admit the finger; temporary dressings applied, and the patient conveyed by ambulance to the fort.

Excision was resolved upon, though the lapse of time, intervening between the reception of the injury and the getting of the patient within the convenience of an operation, had worked such change as to exclude a primary operation, which, as will be seen, redounded fortunately to his advantage.

The patient was admitted into hospital the 7th day of January, 1870. Apparatus constructed over the bed, to which was secured a wire splint properly adjusted to the arm, and of a suitable angle, leaving bare the injured portion of the limb, thus facilitating access to the injury, and allowing the patient to change at will the position of the body with the least possible risk of disturbing or changing the position of the injured member. Irrigation was immediately commenced, that the inflammatory action might so far as possible be controlled, and light but nourishing food directed.

The previously robust and healthful condition of the patient, the excellently good constitution, the purity of the circumambient at-

mosphere, and the adaptability of the affordable accommodations, all conspired to bear up the belief, which a few days had formed, that that the limb in all probability could be saved and made more useful without resorting to the contemplated operation. Therefore, it was decided to treat the injury on the *conservative* plan, which, it is thought, resulted very favorably.

Irrigation was continued until the 27th of January, 1870, with occasional injections into the wound of a solution of potassium permanganate and liquor sodæ chlor.; fomentations were then applied to favor suppuration and daily washes of the given recipe used:

℞. Potass. per-mang., ʒj.
Liq. sodæ chlor., f.ʒj. M.
Ft. mist.

Sig.—Add to Oss cold water a dessert-spoonful, and use as a wash.

This was continued until the 10th of February, 1870, when the discharge had almost entirely ceased, and the process of healing was progressing favorably. A stimulating ointment was now substituted, and the patient allowed for the first time to leave his bed; the arm being removed from the apparatus, and carried in a sling. Two days later the wire splint was removed, and gentle "passive motion" instituted.

The patient was discharged from hospital on the 16th of February, 1870, and instructed to continue the "passive motion" daily, the wounds being entirely healed. When last seen (June 15th, 1870) Mr. D. could use his arm sufficiently to remove the hat and bear food to the mouth, and my belief is that by carefully continued "passive motion" sufficient mobility will be attained to constitute a very useful arm.

Mr. D. is one of those brave, noble sons of toil who dare hazard life and limb that the vast extent of healthful, rich and fertile territory, constituting our south-western frontier may not lay totally at waste, but be made remunerative to individual, State and nation. Much is due to these bold, self-sacrificing pioneers. But it will no little astonish many to whom the facts are inaccessible when told, and this information will not admit of cavil, and cannot be gainsaid, that the government is so ungrateful as to deny them adequate protection against the hideous onset of the savage.

When the writer (late a medical officer of U. S. Army) was relieved from duty in that department (August, 1870) the Indians were holding high carnival over that rich country, driving the settler from his home; bold enough to come within a stone's throw of the fort, and murder and scalp whom they might catch; setting at defiance all authority; blood, fire, rapine mingled in their trail; men tortured until the angel of death relieved them from their sufferings; women outraged, and then, with their children, made captives, that, in accordance with the present system, they might be bartered, such subjects being the most remunerative property the Indian can secure The Indian is paid a sterling price for every woman and child captured, and no punishment inflicted.

This digression may be thought much out of place, but the writer thought proper to introduce the above remarks on this very important subject in this way, that the many intelligent readers of this journal might have a few facts laid before them upon which to reflect.

EXCISION OF THREE INCHES OF MEDIAN NERVE AFTER AN OLD GUN-SHOT WOUND OF LEFT ELBOW.

By J. L. Stewart, M. D.,
Of Erie, Pa.

[Read before the Erie County (Pa.) Medical Society at their regular January meeting, and by them ordered to be published in The Medical & Surgical Reporter.]

A. F. Swann, æt. 34, native of Pennsylvania; stout, robust man; then captain of C company, 16th Penn. Cavalry; was wounded by a Minie ball at the battle of Cold Harbor, Va., May 28th, 1864. The ball fired at about ten rods distance entered left forearm two inches below the head of radius, and passing obliquely across elbow-joint made its exit just above the inner condyle of the humerus. From the moment he was struck he suffered the most intense pain in the arm and hand; lost a large quantity of blood.

The wound was dressed on the field, and healed kindly. Patient came home to Erie "on leave" soon after, and remained until the end of June, when, there being no improvement in his case, he returned to Washington, and applied to Surgeon B., U. S. V., then in charge of "Armory Square" Hospital for relief. He was directed to use the electrical bath, which he did for four or five days without any apparent effect. The pain at this time was constant and excruciating, confined chiefly to the palm of the hand; the sensation as if grasping a ball of red-hot iron. He demanded

an operation, which was performed by Surgeon B. (about July 5th, 1864), who cut down through wound of exit, and, *patient was told*, removed three inches of median nerve.

For two days after the operation the pain was very *slightly* lessened, but when the wound began to heal assumed its former intensity.

Mr. Swann had commenced the use of morphia hypodermically, about two weeks before this operation, and resumed it two days after the operation. From the first it required from three to five grains a day to relieve pain, and he continued to increase the quantity gradually up to the time of the second operation, until he very generally injected *ten* grains a day and has used as much as *one drachm* in *three days*. Both arms are covered with the punctures of the syringe, discolored, and the cellular tissue indurated.

Mr. S. consulted me in June, 1865, when I advised another operation, but he did not submit to it on account of being told by several physicians here and elsewhere, whom he consulted, that it would be unsuccessful. He again came under my care in June, 1870, six years after the receipt of the wound. His condition was most deplorable, the pain in the hand which was intensified by any excitement, was indescribable, and he was unable to attend to any active duties, except whilst under the influence of morphia.

He suffered from irregular nervous chills, of two or three hours' duration, when he would be obliged, in the heat of midsummer, to lie by a hot stove with four or five blankets over him, and cold perspiration streaming from him; his appetite nearly gone, his bowels habitually constipated, emaciated, feeble and fretful. He was willing to undergo any operation which promised relief, even amputation of the arm.

June 27th, 1870, assisted by my friend, Surgeon Woolverton, U. S. Navy, we proceeded to etherize patient, which was accomplished with great trouble and difficulty; fourteen ounces of ether was used, and an hour passed, patient struggling violently and under great excitement, before the muscles relaxed and the patient became quiet.

An incision was made in the forearm, between the flexor carpi radialis and the palmaris longus muscles, three and one-half inches in length, terminating two inches above wrist joint, and three inches of the median nerve was removed. There was considerable venous hemorrhage after operation, which ceased on application of ice. The wound was closed by sutures and adhesive strips, and water dressing applied.

As soon as patient passed from under the influence of the ether, he declared that "the pain in the hand had left him." He slept three or four hours the first night under the influence of immense doses of bromide of potassium. He never used any opiate after the operation, and he insists scarcely slept an hour for fourteen days, and not a sound night's sleep for twenty-six days after it, but his appetite returned at once, and he was in exuberant spirits at his freedom from pain. During the first four days after operation chloral hydrate in drachm doses, and hyoscyamus, cannabis indica, etc., in heroic doses, failed to produce sleep; when I sent him to a quiet country home, and directed free use of ale, with a generous diet; no medicine of any kind was afterwards necessary.

There was no return of the chills after the operation, but he was much annoyed by a peculiar feeling of the surface, which he described as "craving of his skin for morphine," with burning of the feet; these gradually passed away until he experienced no unpleasant or unnatural sensations. He has not suffered a moment's pain in the hand or arm since the operation, now seven months, and has gained forty pounds in weight, and is, in his own language, "in perfect health without pain or ache." He has good use of the small and and ring finger, and the paralyzed parts are well nourished.

The operation was undertaken under the belief that there still remained near the original wound some injured portion of the nerve, and that relief might be given by severing its connection with the seat of pain, as happily the result has proved.

What seems to me to be the important point in this case are, First, the unceasing and great severity of the pain, from the moment of receiving the wound until I severed the nerve; second, the entire freedom from pain since the operation—now seven months; third, the vast amount of morphine used by the patient, estimated by him to amount to from two hundred and fifty to three hundred drachms, requiring the use of the syringe from six to twenty times each, and every day for six years and some days; fourth, the rapidity with which he recovered from the efforts of this long contin-

ued and excessive use of morphine, suffering no inconvenience from its omission, in a few weeks after the operation.

THE TREATMENT OF HYDARTHRUS.

By J. T. Davis, M. D.,
Of Laconia, Indiana.

Hydarthrus, or white-swelling as it is commonly called, is defined by Dunglison as a formidable strumous disease, and we often meet with cases in practice that very properly deserves the name, for they baffle every attempt to remedy them. Various modes of treatment, external and internal, have been recommended. Dunglison says: "The treatment consists in the employment of counter-irritants; the use of iodine internally and externally, &c."

Some rely upon blisters; others say: "Let it alone, the child will grow out of it." It is evident that there has been much mischief done by this "let alone or do-nothing" treatment in this as well as in many other affections. When called to a case of this kind we find inflammation, effusion and flexion of the joint. Our object, of course, is to try and save the limb. Now, what are the indications in regard to treatment? First and foremost, we consider it imperatively necessary that the limb be placed in such a condition that the joint will be at *rest;* next, we want to apply such remedies as will cause the fluid to be absorbed, and to relieve the pain as much as possible. In the *Cincinnati Medical Repertory* for August, 1869, Dr. Hoghland, of Hillsborough, Ohio, claims that the following mode of treatment is attended with good results:

"First, there is employed a cerate composed of equal parts of the ceratum saponis, and the unguentum hydrargyri fortius cum camphora. This is thickly spread on lint, and applied entirely around the joint—as a knee, for example—and for some distance below and above it. Over this, to the same extent, the limb is to be supported by strips of calico, spread with emplastrum plumbi. This last is to be applied tightly enough to feel comfortable to the patient. Over this adhesive bandage comes an additional covering of emplastrum saponis, spread on thick leather previously softened with water, so as to accommodate it to the figure of the joint. These applications are to be removed once in two or three weeks, and re-applied." Dr. Hoghland claims the above treatment to be both *simple* and *effective* (points very desirable in practice at all times). The mode of treating these affections that we have adopted, we consider to be *more simple*, and still as *effective* as that given above. But before describing it we desire to notice the plan of treatment recommended by Dr. R. O. Cowling, of Louisville, in the *American Practitioner*, October, 1870. He thinks that fully three-fourths of the cases which resulted in amputation might have been saved by proper treatment. He says that he has found the starch bandage to be excellent, and thinks that it has advantages over splints, etc., and that when applied there is no necessity for topical applications; for, he goes on to say, "with the arrest of pain other symptoms do subside; effusions are absorbed, inflammation decreases, and flexion gives way."

Dr. Cowling says, that paste-board cannot be fitted so as to answer the purpose as well as the starch bandage. In the cases we have treated, and in the cases treated by Dr. A. S. Greene, of New Albany, Ind., there has been no difficulty in fitting the splints properly. We use heavy binder's boards, soaked in warm water, and moulded so as to accurately fit the joint. The splints should be lined with cotton, and over the joints the following liniment should be applied: tincture iodine and glycerine, equal parts. There need not be any opening left over the joint for the application of the liniment. Cut and mould the splints so that they entirely envelope the limb. If it be the knee-joint affected, from the ankle to the upper part of the thigh, then bind up firmly with roller bandage. This will give *absolute rest*, and will soon cause the fluid to be absorbed. Pain, when the limb is not used, will soon cease. The patient can now go around on crutches if his general health permit it.

In The Reporter, April 23, 1870, Drs. Panas, Labbe, and other French surgeons, are reported as being very successful in the treatment of this disease by means of compression, iodine, cod-liver oil, etc.

Case.—Mary I., æt. 15 years, has had a diseased knee for seven years; the joint is greatly swollen and very painful; limb contracted; has been under treatment a great many times. The mode of treating her case had been with

blisters and liniment externally, internally with alteratives, etc.

Blisters would reduce the size of the joint, but it would soon become as large as before, and liniments did no good. Her father applied to me in November, 1868. I examined the joint and desired him to take his daughter to New Albany, and get Dr. Greene's advice in regard to it. He did so, and the doctor proposed to splint it as described above. This being agreed to, the doctor and myself applied the splints. In a few days after she came home, I took them off, and renewed the liniment and reapplied them. This was done two or three times a week. Her knee began to improve. She was ordered to use crutches and to wear the splints for at least six months or a year. After using the crutches for two or three months she laid them aside. Her knee had improved so much that she did not need them any longer. She continued the splints for a little over a year. All effusion, flexion, and pains had disappeared, and her knee was considered to be as well as the other. At the present writing, January, 1871, she can walk as well as well as ever she could. I heartily agree with Dr. Cowling, that many limbs that are now amputated might have been saved if they had been properly bandaged; and I will add, if appropriate external and internal treatment had been employed.

A CASE OF SYPHILIS OF THE NERVOUS SYSTEM, WITH REMARKS.

By W. H. H. Githens, M. D.,
Of Philadelphia.

January 22d, 1870, Wm. H. came to my office for the relief of a *pain in the head*, which he called neuralgia. He had been suffering with it for three years. In reply to my questions, he informed me that there were daily exacerbations, commencing regularly at about 5 P. M., and increasing in severity until midnight, when the pain would begin to decrease, and towards daybreak he would fall into a sleep. He called my attention to a hard, elastic, painful tumor, situated over the temporal ridge of the left side of the frontal bone, and to another over the right parietal bone; these tumors were not movable. He spoke of his troubles having been diagnosed and treated, entirely without success, as neuralgia and epilepsy. I noticed that he had great difficulty in the choice of words to express himself. There was no paralysis of the organs of the voice, and words were not used improperly, but there was marked hesitation and embarrassment in speaking. His sight was not affected, but reading gave him no satisfaction, as he was losing his power of comprehending what he read, and it had become necessary to read over a sentence several times in order fully to understand it.

Having had an extensive opportunity of studying the manifestations of syphilis, both in hospital and private practice, I had no difficulty in recognizing this to be one of those obscure cases, the consequence of the slow, long-continued action of the venereal poison. When I asked the direct question, he acknowledged the fact of having contracted a chancre twenty years previously; it had been treated and "cured" at that time. This sore had been accompanied by swellings in the groins, but without suppuration; it had, apparently, left no bad effects behind it; there had been no enlargements on the clavicles or tibias; he had never had any pain in those bones, nor ever noticed any eruption on his body, face or limbs.

I diagnosed the tumors on the frontal and parietal bones to be simply *gummata* or periosteal swellings. The recurrent neuralgic pains I considered *osteocopic* in their character.

The patient was quite melancholy, and almost hopeless; but I assured him that I would relieve him before many days had passed. I prescribed

℞. Hydrarg. chlor. cor., gr. j.
Potass. iodid., ʒvij.
Aquæ menth. pip.,
Syrupi, aa f.ʒij. M.

Ft. sol. et signa. A teaspoonful in water three times a day.

The iodide of potassium was given for its specific anti-syphilitic effect. The mercurial salt was employed for its tonic effect, my patient having a poor appetite, and being quite anæmic. I have found this salt to act better in these cases than any combination of iron that I have ever employed, as it improves digestion and assists assimilation.

His description of the attacks, which had been called epileptic, was not clear; so I concluded to wait for further developments in that direction, and attend primarily to the syphilitic disease. But I did not have long to wait. In less than forty-eight hours after our first interview, I was summoned to his house,

and found him laboring under a violent and peculiar spasmodic seizure. I had now before me another manifestation of the venereal poison, one entirely new to me, and very interesting to the student of the pathology of nervous diseases.

The patient was seated in his bed, he seemed to retain his full consciousness, but was giving utterance to unintelligible sounds in a constant unsuccessful attempt to say something to his wife. These sounds might be represented thus, "th-givum th-givum th-givum go-to-heaven go-to-heaven-th-givum, etc. He did not sit still for a minute, but was constantly throwing his arms about, attempting to grasp those around him, and also kept moving in a backward circle, by the assistance of his arm and left leg, the right hip acted as a pivot. I remained with him more than an hour, during which time he continued in precisely the same condition. His wife told me that this was identical in character with the attacks that had been termed epileptic, and from which he had been suffering for a year. Under the use of powerful narcotics he was finally calmed, and went to sleep. This paroxysm, which was the most severe he had ever had, was the last of its kind. The shock of this seizure was so great that my patient was confined to his bed for the next four days. As the osteocopic pains continued, I increased the dose of iodide of potassium to twenty grains, three times a day; this quantity soon produced the desired effect, and after the first five days of treatment, the pains departed to return no more. I then reduced the dose of iodide to fifteen grains, three times a day, as at first, continuing the mercurial at the original dose all the time.

"February 6th. The patient again at my office. His headache has entirely disappeared; he has had on several occasions, the aura, or peculiar sensations in the right leg, which previously heralded the convulsive attack, but, as he says, they never reach his head now; and, although they alarm him, they do not cause him to fall, as previously. This aura seems to consist of spasmodic contractions in the flexor muscles of the leg. Before the specific treatment was commenced these spasms would cause him to fall helpless if sitting or standing, and consequently he was afraid to go away from his home alone, and he had been obliged to give up work from the same cause. He has the same difficulty in expressing himself as at our first meeting. The gummata have commenced to soften and reveal to me a fact which causes me to mentally qualify the favorable prognosis I have given. Inside the tumors I can feel peculiar jagged, solid portions." I considered these to be bony growths, such as I had frequently seen at autopsies inside the cranium, and on the shafts of superficial long-bones. I had no hopes of causing these to be absorbed by treatment, and was afraid that the nervous phenomena depended on similar internal growths springing from the dura-mater.

"February 20th. Another call from my patient, and a very agreeable surprise; the solid portions felt inside the gummy tumors are undoubtedly disappearing, the jagged points are rounding off, and the circumference of the tumors is less. I find also a marked improvement in the power of my patient in the use of words. There are still occasional spasms in the flexor muscles of the leg, but they are becoming slighter and less frequent."

"March 11th. Mr. H. has called to see me again. All traces of the gummata and their bony growths have disappeared; he has better use of his right hand than he has had for a long time, and I have persuaded him to try work again. His powers of expression are much improved, and he is not afraid now to take long walks by himself. He is still to continue the medicines, using the same quantities, but repeated twice only during the day. As a natural result of good sleep and improved digestion he has gained in weight, and the melancholia, so common in syphilitic patients, is passing rapidly away."

My reasons for considering this to be a case depending upon the action of syphilis may be given in a few words:

1. The epilepsy occurred without loss of consciousness.

2. Its first paroxysm was after the age of forty.

Idiopathic epilepsy commences almost always before the age of thirty.

3. The occurrence of headache before the attack is of value in deciding the syphilitic origin.*

A. Its prolonged duration.

B. Diurnal exacerbations occurring at night.

C. The inefficiency of all ordinary treatment.

D. The presence of non-inflammatory, elastic, painful tumor.

*Moreau and Gros et Lancereaux—Lancereaux, Traite de la Syphilis, Paris, 1866.

E. The prompt relief afforded by iodide of potassium.

5th. The peculiar temper of the patient affords corroborating testimony, being despondent and irritable in a most marked degree.

I still receive occasional calls from my patient. The only traces of his disorder now remaining are a lower temperature and an increased sensitiveness to cold in the right hand and leg, and an occasional spasm in the muscles previously affected. He can now attend regularly to business, and has recently occupied a political post of responsibility.

This is an instructive case in the history of syphilis. There was but one recognized period of infection, and on this occasion the glands of the groin were enlarged but did not suppurate. Seventeen years elapsed without a recognized external or internal symptom of the action or presence of an all-prevading animal poison. In this time the patient has been twice married, and has three living children, the oldest ten years of age, the youngest about three. We have no reason to suspect this man of falsification. ROLLET states that "Epileptiform attacks are among the later symptoms of syphilis. The interval between the primitive chancre and the epilepsy has never been less than one year." ZAMBACO* states that nervous phenomena, the result of syphilitic disease, are not uncommon, but are rarely developed before five years, and sometimes not until twenty years have elapsed.

The nervous symptoms are seldom developed in those cases in which extensive eruptions or tertiary ulcerations have existed. The experiments of AUZIAS-TURRENNE in 1844, and later, SPERINO, of Turin, who first practiced syphilization; H. LEE, of England; BŒCK, of Norway; LINDWURM, of Munich; AMILCARE RICORDI, and others, have demonstrated that during the active existence of phagadenic suppurations, or continuous suppurating sores in a patient suffering from syphilis, the phenomena of secondary infection do not advance, but in fact the symptoms of contamination gradually wear out. The success of syphilization in many cases is undeniable, and its result depends upon the fact just mentioned. What a striking commentary, and we may say, proof by exception, is the case which heads this article! Here the opposite condition of things existed. The poison weak in power, but not having any escape in ulceration, works silently but steadily on the nerve-centres for years; first demonstrating itself in cephalalgia, and later in the premonitory symptoms of paralysis.

The question that next forces itself on our attention is, how did the venereal poison impair the powers of the nervous centres? Were the symptoms *sine materia*? Was it simply congestion? Was it pressure on the brain by swellings of the dura-mater, similar in character to those observed on the periosteum? Or were there changes within the nervous mass?

An autopsy only could satisfactorily answer these questions. The histories of cases of syphilitic-nervous diseases that have been examined after death, show the impossibility of certainly predicting the lightness or severity of the lesions from the lightness or severity of the symptoms. Many cases in which the symptoms have been very marked, even indicating softening, have upon post-mortem examination shown no appreciable lesion, while others, which had exhibited no symptoms at all referable to the nervous system, have shown caries of the cranial bones with separation of the dura-mater, and complete disorganization of the superficial layer of brain-tissue.

We will study the symptoms of this case, and endeavor, if possible, to discover the points at which the lesions must have been situated to produce the effects we have noticed. Those effects were spasmodic contractions and relaxations of the muscles of the right arm, side, and leg, with backward movements and temporary paralysis of speech, constant difficulty in the use of words and in the proper understanding of anything which he read. There did not ever seem to be paralysis of the face or tongue, nor has there been marked loss of memory.

As the peculiar symptom denominated aphasia, is stated to have its seat in a superficial convolution of the left hemisphere of the cerebrum, the trouble present in this case, resembling those so closely, may be the result of a gummy tumor springing from the dura-mater and pressing on the convolution having the supposed power.

The muscular symptoms may have their origin in a similar tumor existing in the left corpus striatum, in the left hemisphere of the cerebellum, or in the meninges covering the medulla-oblongata.

*Des Affections Nerveuses Syphilitiques, Paris, 1862.

The peculiar backward and circular motions observed during the paroxysm favor the theory of the *cerebellum* being the seat of the lesion, as such motions were caused by Dr. S. W. MITCHELL by irritating the cerebellum of pigeons.

SIR ASTLEY COOPER taught that nervous tissues were not liable to syphilitic diseases, although PARACELSUS, in the fifteenth century, demonstrated the fact that all diseases might be modified by the venereal poison. BENJAMIN BELL was the first writer who put forth clinical facts in support of his belief that "the venereal disease induces blindness, deafness, epilepsy, mania, etc." The so-called gummata, or gummy tumors, such as we have described as occurring on the frontal and parietal bones, have been observed in the brain by BONET, RICORD, CULLERIER, and LALLEMAND. Ricord called them syphilitic tubercles of the brain. Dr. WILKS* always found these tumors to have their origin on the meningeal surfaces. Dr. STEENBURG, of Schleswig, believes the syphilitic lesions of the brain to be subsequent to lesions of the arteries. Dr. GOODFELLOW, of the Middlesex Hospital, found in one case a gummatous tumor in the left opticthalamus. Among the conclusions of GROS and LANCEREAUX are

I. Nervous affections may be developed during any period of consitututional syphilis.

XXX. Nervous affections without appreciable lesion may arise in all the periods of syphilis.

In a very interesting paper in the New York *Medical Journal* for November, 1870, by E. L. KEYES, M. D., of New York City, a more or less detailed account of thirty-four cases of syphilis is given, showing several points of great practical importance in the history of its action on the nervous system. Classified according to the most prominent symptom, there were fourteen cases of hemiplegia, nine of paraplegia, four of epilepsy, two of facial paralysis, one of paralysis of biceps and deltoid, and four of intellectual derangement. In these cases the nervous symptoms were developed at varying periods after the time of primary infection, from two months in one exceptional case to twenty-four years in another; the usual period having been from one to ten years.

Among the conclusions of the author are,

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual.

3rd. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

8th. That syphilitic epilepsy usually occurs *after thirty* in patients who have not had epilepsy in early life. That headache is apt to precede the attacks. That the convulsions occur often, many in quick succession; the intermission between the series of attacks being comparatively long, but that during this period headache, or other nervous symptoms, exist or become aggravated contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis.

*Guy's Hospital Reports, Vol. IX, 1863, and *Med. Times and Gazette*, Oct. 25th, 1862.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

GENTLEMEN: I have the rare opportunity this morning of presenting to you a varied series of cases, which will illustrate several of the

Tumors of the Mammary Region.

The number of cases is large, and I shall be obliged to pass rapidly from one subject to another, but I trust you will be able to obtain the various diagnostic differences in the conditions.

Enlargement of Sub-Pectoral Glands.

CASE I.—R. H., 28 years of age.

This woman has, as you see, an enlargement in the anterior thoracic region, situated a little to the outside and below the left mamma; but you will also see, as I pick up the breast, that the tumor has no connection with it, but that both are individually movable. She says that she received a slight injury some three weeks since, and that it has since been quite painful and tender. Now she is in an anæmic, over-worked, broken down condition, and although this is in a region where scirrhus sometimes develops, outside of the mammary gland in the lymphatic ganglia, yet I do not think that this is an instance of that disease. The pain is

dull and aching, and the tumor, or rather tumors, for there are several nodules, are, as you see, at the lower border of the pectoralis major, where there lies a chain of glands.

The case is, therefore, one, I think, merely of enlarged glands, due to her vitiated condition, being excited by the local injury, and I do not think will result even in abscess.

Her treatment will be tinct. ferri chlor. gtt. xv. t. d., with the best of food and hygienic attentions, which her circumstances will afford, with tinct. iodine locally.

Abscess of Breast.

CASE II.—Here is a man who has also a tumor in the left pectoral region, a little to the outside of the nipple. He states that he received a blow upon the part some four weeks since, from a piece of iron, and that inflammation subsequently set in, incapacitating him from work for several weeks. Now we find this tumor of the size of an English walnut, soft and fluctuating, evidently containing pus, as I can easily demonstrate to you by an exploring needle. His health has suffered greatly from the severe pain which he has endured, and we must therefore sustain him by a liberal diet and a ferruginous tonic; the simple tincture of iron will be the best. This abscess does not yet seem to be quite ready for discharge, and we will therefore apply a simple flaxseed poultice to favor the formation of pus, and as soon as it shows any signs of pointing, lay it open with a bistoury.

Adenoid Tumor of Breast.

CASE III.—M. B., æt. 29 years; single. This woman says that she has had some difficulty with her breast for a period of nine years, a length of time which immediately causes us to conclude that it is probably not malignant in its character, or at least renders it unlikely, especially as we can perceive no indication of any impairment of the general health or contamination of surrounding parts. The tumor is oval in shape, about 1½ by 1 inch in size; is hard but elastic; is somewhat lobulated, and is painful upon pressure, which pain, however, does not extend toward the axilla, but to the parts in the vicinity, being somewhat neuralgic in character. The nipple is not retracted; the integument is normal, and the axillary glands are not enlarged, yet there is continued and sometimes excessive pain in the part. The patient has a hereditary scrofulous taint in her system, but is in excellent health.

This, then, is probably not malignant, otherwise it would have advanced more rapidly, and would have implicated her general health. It is evidently one of those "irritable tumors of the breast," sometimes called adenoid. In its character it is benign, partaking more of the fibroid nature, and is dependent not on local but upon general causes.

This woman is unmarried, and it is in such instances that we usually find these adenoid growths, or less commonly in barren women, and it is usually connected with uterine derangements. An adenoid growth, strictly speaking, is simply a hypertrophy of glandular structure, yet the tumors described as such are fibroid in their character.

This tumor is not sufficiently large or troublesome to demand extirpation, and we shall, therefore endeavor to produce retardation, or possibly absorption of the growth, by the administration of potass. iodid. gr. v. and ol. morrh. ℥ ss. t. d., at the same time applying a little gentle pressure locally. This failing, its extirpation should be affected. As the pain is sometimes quite severe, we will also order ℞. veratriæ gr. ij, axug. ℥j., ℳ. S. To be well rubbed upon the part night and morning. Should any uterine derangements exist, they will be appropriately treated.

Epithelioma of Breast.

CASE IV.—M. H., æt, 45, widow; three children. Thirteen years ago had a sprouting fungus from a point a little to the outside of the left nipple, which was removed by excision, and there has been no return of any difficulty until 9 months ago, when a small vesicle appeared near the same spot, which, soon bursting, produced a little scab upon its site. This scab has continued to form and reform as often as removed, while beneath it can be seen an unhealthy ulcer, with sharp indurated edges, which has no tendency to heal, but is rather constantly extending; yet her health is in excellent condition.

From my previous descriptions and clinical cases, you will easily recognize this disease. It is epithelioma, or an epithelial cancer. It is a degenerative, abnormal, exalted action of the ordinary production and shedding of the epiderm and epithelial cells, which, being rapidly pushed forward, accumulate and agglutinate, thus producing the crust usually seen covering this sore. The term epithelioma applies to all hypertrophied conditions of the epithelium, from a wart or corn, to a cancer, and any one of them may take on degenerative action, though at first healthy.

In regard to this ulcer, I say of it as I have before said of those of a similar character in other regions of the body, *it should be removed early* before it progresses to a worse condition, infiltrating the adjoining parts and implicating the general system. That it has not yet injured the constitution is rendered probable by the fact that the neighboring glands are not implicated or enlarged.

As various applications have been already applied without success, to this ulcer, we will now, therefore, delay no longer, but will proceed to remove it. In doing this we may use either a caustic or the knife, and as I have another case to present to

you, I will employ the caustic in this one, and excise the other, since either will be the proper treatment. When seen early in the disease, I usually use caustic in this situation, and prefer the chloride of zinc paste, although arsenic or zinc. sulph. will answer very well.

[Canquoin's paste, made with three parts of wheaten flour, was then applied, the layer being quite thick, in order that the effect might be powerful. Syr. ferri iodid. gtt. x. and liq. potass. arsinitis gtt. v, t. d., were then ordered, to increase her strength. Two or three applications of the paste, at intervals of a week, will be sufficient for a cure. During the separation of the slough, warm water dressings were used.—De F. W.]

Epithelioma of Breast.

Case V.—B. K., æt. 64 years. Here is another case of epithelioma. She comes to us in good health, but is suffering from a tumor at the right side of the right nipple, an inch in circumference, which is discolored, and has a prominence in the centre which looks like a blister, but is not so. This tumor is hard to the touch, and induration extends for a considerable distance; its redness is abruptly circumscribed, the rest of the gland being apparently normal; the nipple is natural, and is not retracted; the axillary glands are not involved, and the mamma is freely movable. The pain is not acute but is very uncomfortable, and, as it is evidently passing as rapidly to the ulcerative stage, I think it will be wise to remove it at once, which I shall proceed to do with the knife as soon as the patient is etherized.

It will not be necessary here to remove the entire gland, but we will cut well outside the diseased indurated tissue, in order that there may be no return of the disease from any nidus.

[The tumor was then surrounded by an elliptical incision, and all the indurated tissues removed. The wound was brought together by silver interrupted sutures, adhesive strips being afterwards applied, and the whole dressed as hereafter described under scirrus.—De F. W.]

Scirrus of Breast.

Cases VI., VII. and VIII.—I have now to present three cases, which are far more serious than any which you have already seen. One of them I shall but simply show you, as she has not summoned sufficient courage to undergo the necessary operation, but the other one knows the risk she runs by waiting, and is prepared to submit to what she knows to be a necessary proceedure.

They are both affected with scirrous cancer, a disease which so frequently attacks elderly married ladies and is so universally fatal. One of them, forty years of age, has been troubled with this tumor for about one year, at which time it first began to manifest itself as a hard lump in the upper portion of the gland. It has steadily increased in size, and has been accompanied by considerable pain from the first, but is now growing much worse in this respect, being sometimes so severe and lancinating as to prevent sleep. It is now nodulated, but is still movable, adhesions not being strong as yet. The nipple is only just commencing to retract, and the axillary glands are not yet involved.

Taking these symptoms into consideration, and from the sensation imparted to my fingers, I am confident that this is scirrous cancer, although the general health has not been perceptibly injured.

Scirrous cancer is, as you know, chiefly confined to married women, (rarely seen in man,) between the ages of forty-five and fifty years, being seldom found before twenty-five. It occurs not precisely at, but about, the time of the cessation of the menses, which change has consequently been supposed to be a chief factor in its production; yet I think it is not strictly due to this change, but should rather hold that the aptness of this time of life for the development of scirrous, was chiefly attributable to the general failure of the process of maintenance by nutrition, which usually has at this time its beginning, and of which the most obvious natural signs are in the diminution of the powers of the reproductive organs.

The cases before us are both between the ages of forty and fifty, but this one, who is only forty, is still menstruating, which tends to show that coincident events have also great influence upon its production.

The second case, a woman of forty-two, has passed her climacteric period, but had not done so when this tumor first made its appearance, five years ago. At that time she noticed a small, hard lump in her right breast, just above the nipple, which simply gave her slight inconvenience, but was not accompanied by any pain, and did not seem to enlarge in size or progress in any way until about a year since, when it began to be the seat of an occasional sharp, lancinating twinge. It soon commenced to increase in size, and has since grown with considerable rapidity, being often accompanied by severe pain. Soon little cracks formed in the skin, and a slight discharge commenced which has since continued almost continuously. Her general health has not as yet been greatly impaired, although she begins to show evidences of the ravages of the disease. The nipple is not much retracted, and the axillary glands are not enlarged. She does not remember that any of the members of her family were ever affected in like manner, though this is quite often the case, two, three or even four individuals dying of the same complaint, thus showing a hereditary disposition,—this hereditary taint is probably present in about the proportion of one to five or six patients.

The cause of this disease is often attributed to a blow or other injury to the part, yet such injury could not have been the actual cause,—it rather but set into activity the germs of this disease which

previously existed in the part. That such blows often hasten the result, is true, yet many cases occur in which no such accident has happened.

A scirrous cancer increases from the first small lump, at varying rates, but steadily and gradually replacing line after line of gland structure with its own morbid matter until, adhesions being formed, the whole breast becomes a solid, contracted, firm mass, firmly fastened to the pectoral muscles and to the skin, while the nipple has been also drawn inward and depressed, and the pressure causes an enlargement of the superficial veins. Soon the axillary and subclavicular glands enlarge and become painful, and at last, at an uncertain time and growth of the cancer, ulceration ensues, and the mass becomes an open, sloughing sore.

This ulceration may commence either superficially or from a breaking down of the substance of the tumor and a consequent discharge. In the former case the skin first cracks, a scab forms and falls leaving an excoriated surface, which soon becomes a true ulcer, and discharges a thin, acrid, copious fluid. When the discharge takes place from a breaking down of the cancerous tissue, the ulcer is more extensive and deeper.

In the late stages, all scirrous ulcers become characteristic. They have a "punched" appearance, the edges being steep and raised by an exuberant formation of cancer just beneath this edge. These edges are everted, because the firm, unyielding margin will not stretch before this exuberant growth, while they are, at the same time, nodulated in conformity with the mass beneath. The discharge is often profuse and sometimes extremely offensive, giving a characteristic odor to the apartment, and the consequent drain soon makes itself apparent in the rapidly failing health of the patient.

This appearance I can well illustrate by case No. VIII. An Irish woman, 64 years of age, the mother of 14 children, who states that she had no difficulty with her breasts until about two years since, when she received a blow upon the right one, which was soon followed by growing uneasiness. A small, hard tumor soon appeared, which gradually and steadily increased in size, accompanied by considerable pain, until it finally commenced to soften and at last ulcerated, in which condition it has since remained, constantly discharging an extremely offensive pus, rendering her life miserable, even with the utmost attention to cleanliness. The nipple is not to be discovered, having evidently entirely sloughed away, as has, also, a large portion of the mass, while about the tumor all the parts are densely indurated, and the pain is often unendurable. Notwithstanding all this difficulty, however, her health is still comparatively good. Her appetite is normal, and all her functions are properly performed. This tumor is firmly adherent to all the rounding parts, and as I pass my hand outward I find the whole chain of lymphatic glands lying along the border of the pectoralis major densely indurated, as are also those of the axilla. In fact we find here all the evidences of a typical advanced case of scirrus. The ulcer also presents the characteristic steep edges, and foul, ragged bottom.

Of course this woman has come to us too late. It would now be worse than folly to interfere, since we should be sure to hasten the fatal result. The disease would quickly return, either in the cicatrix or in some distant organ, as the liver.

The first two cases are favorable for an operation, however, and I shall proceed to extirpate the breast of the second as soon as she is etherized. The other will be reserved for a future occasion.

In regard to the advisability of an operation for a disease which we know must eventually end in death, I have not here the time to dilate, but would refer you to your surgical works for statistics and observations. I would simply say that each case should be individually considered and decided upon entirely from its own merits, but I am confident not only that many cases can be made more comfortable by such removal, but that months may be added to their lives. Even when the axillary glands are somewhat involved, such extirpation is often followed by most happy results, provided these glands be removed at the same time with the breast. In fact it would not be unwise, in some few cases, to remove the tumor even after the ulcerative stage had been reached, provided the general constitutional symptons had not progressed as rapidly as the local, more especially since we thus replace despair by hope, which, though short, will be a boon to the sufferer; moreover we also remove an extremely offensive sore.

The disease may recur in a few months, but it has been known to remain absent for several years and finally return but in an internal organ, thus causing a painless death.

In deciding upon operative procedure, we should keep in mind that this disease may destroy life in two ways—one, by its consequences as a local disease, the other, independently of the local affection, by its primary and specific cachexia. As these do not contribute equally, however, we should endeavor, in each case, to determine which will add most—the local disease, remediable by the the knife, or the constitutional, which will probably be intensified by the operation.

Upon future occasions, as cases will frequently be presented, I shall be able to speak more fully upon the diagnosis of these cancerous tumors. At first it is always difficult to give a positive answer, but the symptoms enumerated will soon guide you. Scirrus differs from encephaloid, in its contracted, hardened appearance, and by the soft, fluctuating consistency,

rapid growth of fungous, ulceration and hemorrhagic character of the latter.

A fibroid tumor imparts a different impression to your hand, and is different also in its history.

Amputation of the breast is performed by removing the nipple and an excess of skin by an elliptical incision along the border, and in the direction of the fibres of the pectoralis major muscle. This being done, the entire gland and all diseased structures can be dissected out, as also the axillary glands by simply prolonging the incision in that direction. Should the hemorrhage be excessive from the divided mammary arteries, they should be tied at once. In regard to the after-dressing, I shall draw these edges accurately together, by silver interrupted sutures, hoping for union by first intention, while adhesive strips will add to support. I shall then cover the wound with a layer of lint wet in carbolic acid in the proportion of one to nine of olive oil, and above this place a dry compress of lint, confining the whole by a bandage, or better, by a broad band like an obstetrical binder, which can be more conveniently pinned.

It need not be opened until the second day, when it may be simply reapplied if there be no symptom of inflammation. If inflammation exists we should apply laudanum and water.

In the case of the old lady, we can do nothing but palliate. Her strength must be supported by food, stimulants and tonics; the pains relieved by anodynes at night, and the parts kept as clean as possible by the constant use of injections of carbolic acid ʒj. to Oj. of water. The parts should also be kept constantly dusted with Phœnix powder made of fuller's earth and carbolic acid, which I consider the best.

[The operation was then performed, and every portion of implicated tissue removed. Union was good and recovery speedy.—Dr F. W.]

In concluding this array of breasts, from which I trust you have drawn some "nourishment," let me introduce to you

Case IX. A Scotch woman, 50 years of age, presenting an exceedingly rare and interesting disease, and one which I have myself but seldom seen. It is an instance of

Cancer of the Breast, Resembling the Lardaceous Type.

The left gland commenced to hypertrophy four years ago, and continued steadily increasing in size without either pain, inflammation or other abnormal feeling, until about two years since when it ceased to enlarge and commenced to diminish. This process has gone steadily on since that time, and we now have the skin already beginning to present that characteristic hard, glazed, bacon-like appearance which is usually seen in this disease. The nipple is so retracted that it is scarcely visible, and I have no doubt, judging from the other cases which I have seen, that this contraction will steadily progress (especially as I see the other breast has become implicated, as well as the neighboring glands) until the shoulders will even be drawn forward by power of this condensation and hardening, and at last the woman's health, which already is suffering greatly from the excessive pain, will give way and she will sink from exhaustion. Tonics and anodynes are our only resource.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

January 13, 1871.

DISEASES OF WOMEN.

Dr. Thomas being unable to attend, Dr. James L. Brown conducted the clinic.

Leucorrhœa.

Mrs. M., æt. 31; has five children, youngest 4 years old. For three years has had a pain in the back, and irritation of the bladder, with constant discharge from the vagina. This discharge was watery and offensive, and sometimes tinged with blood. Upon any exertion this runs from the patient in a stream. Has not menstruated in three years.

Dr. Brown said the history of the case was exactly what would lead us to suspect epithelioma; but on making a vaginal examination the cervix is found to be normal. Flowing from the os was a stream of pus. On introduction of the sound the patient complained of pain in the fundus. The intra-uterine measurement was 2½ inches. The diagnosis of the case is corporeal endometritis, the first of the kind that has been presented to the class this season.

Dr. B. said that he would take for his text leucorrhœa, a symptom the most common of all diseases of women, and would consider this symptom as a disease.

There are three main sources of it: vaginitis, *cervical* and *corporeal endometritis;* but it is also derived from every form of uterine derangement, malposition, out-growths, etc.

The question often arises how much of a discharge constitutes leucorrhœa? This has been settled conventionally, by deciding it to be such when the linen is soiled by it.

The diagnosis of cervical from corporeal endometritis is exceedingly difficult, but when a limpid slimy mucous is discovered coming from the os, endocervicitis in all probability exists. And when the discharge is opaque and thick, or even purulent, we suspect endometritis.

Inflammation of the cervix offers the best hope of cure; three or four months sufficing. The prognosis

of endometritis, on the other hand, is by no means so favorable. SCANZONI states that he has never cured a single case of chronic leucorrhœa.

Treatment.—Inasmuch as leucorrhœa is a symptom of debility, tonics are especially indicated.

Plain water injections morning and evening are of service. Half a gallon to be used at a time. If there appears to be endocervicitis, a solution of nitrate of silver (xxx gr. ʒj.) may be applied once a week. I have found this to be more satisfactory than anything else.

In respect to the case before us, there is very little hope of curing her completely.

First—Tonics will be ordered; a piece of cotton will be saturated with the solution of nitrate of silver, and introduced into the cavity of the uterus, and within twenty-four hours the organ will have expelled it.

Gynæcologists, in this city, are at present discussing the use of intra-uterine injections. The majority are much opposed to them, many thinking that they have frequently caused the death of patients.

COLLEGE OF PHYSICIANS AND SURGEONS.

Diseases of Women; Clinic of Prof. T. G. THOMAS.

January 20, 1871.

Ovariotomy.

Dr. THOMAS explained his absence at the last clinic by being compelled to operate on that day on a patient who had been at the clinic a month ago. He was very sorry that the class could not witness the operation, but he hoped that arrangements would be completed so that in future they would be able to see them at the hospital.

In this case both of the ovaries were found cystic, but only in one could there be found any evidences before the operation. The large cyst was enveloped by the peritoneum and had to be enucleated in removal. The operation lasted one and a half hours. Six ligatures were left in the cavity of the peritoneum, but no bad symptoms have followed. The patient now is doing finely.

Sterility from Endocervicitis—Proposed Operation.

Mrs. M., æt. 25; 3 years married. Has the whites one week before and one week after her periods, but has no other trouble. Never has been pregnant, and on this account suffers much from the ill-treatment of her husband. On vaginal examination the os is found patulous, and hanging from it is a plug of glairy mucus. The cervix itself is much shorter than normal; no other irregularities are discovered in the uterus. The reason of the whites was due to the congestion of the organs, which take place about the time of menstruation.

Dr. MARION SIMS has proved, by demonstration, that when the spermatozoa pass into the cervix in this condition they are killed by the abnormal secretion; and, moreover, the plug itself completely fills up the cervical cavity.

The patient would very likely soon grow dissatisfied by the ordinary treatment, but if she calls around next Friday the steel currette will be applied, and the whole of the glands removed, or at least as many as possible. It may require, however, several operations. If the patient is kept quietly in bed, there is no serious danger from the operation.

Secondary Syphilis of Vulva.

Mrs. C., æt. 27. An examination of patient shows secondary syphilis to have attacked the vulva. The urethra is nearly gone. The clitoris is much hypertrophied. Ulceration of vagina has taken place and extended as far as the rectum, involving that. The labiæ are quite edœmatous.

Dr. T. warned gentlemen making an examination in this class of cases when there was a wound on any of the fingers. He knew of several cases of medical men who in that way had contracted syphilis, and only appreciated it after secondary symptoms developed themselves.

Mistaken Diagnosis of Polypus.

Mrs. P., æt. 41; sick since last February with weakness accompanied by severe pain in back; does not now have any periods.

On making a vaginal examination the cervix is found slightly dilated, and on the posterior wall of the vagina near the cervix is a fibroid thickening; this is nothing very unusual, or anything requiring an operation. The patient was sent to the clinic with a note from her attendant, saying he suspected a polypus. This is not so—polypi are *glandular cellular, fibrous and mucous*, or in other words, are composed of some of the tissues of cervix. They also have a pedicle; this has not.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

January 11*th*, 1871.

Uterine Tumor—Submucous Result of Operation.

Dr. E. DELAFIELD presented uterus and contents with history, on behalf of a candidate. The patient, aged 30, entered the Woman's Hospital October 12th, 1868, complaining of pain in the pelvis existing for about six months. On admission the cervix was dilated, and a tumor was detected above the internal os.

October 21st.—Cervix fully dilated by sponge tents; tumor found to be attached to the posterior

wall. Shortly after this, patient was discharged; but returned during January, when both lips of the cervix were cut and ergot given to force down the mass. After recovering from this operation, again left Hospital, but came back on November 3rd. At this time a physical examination revealed the fact of the growth having passed down to the inferior os.

Dr. EMMET then incised the mucous membrane to hasten its expulsion.

November 28.—Patient's left leg began to swell.

December 8.—Complained of pain in chest, with great dyspnœa and lividity.

December 9.—This again returned, and patient died.

The uterus was found to contain a fibroid tumor the size of a fetal head. No lesions were found in the thorax to account for the urgent symptoms before death. Kidneys were enlarged. The left iliac vein was found to contain a thrombus. Dr. D. said there were two main points of importance in this case. First, the operation itself to bring down the tumor and prevent hemorrhage. Second, the occurrence of thrombosis and pyæmia.

Incision of Femoral Artery.

Dr. FINNEL presented a specimen of femoral artery which had been cut through by a knife. Death is supposed to have occurred in a very few minutes.

Foreign Body in Liver.

Dr. F. also presented a specimen of liver in which there was apparently a piece of whalebone jutting out. This was referred to the microscopical committee.

Lithotomy with Effects of Opium.

Dr. KEYES showed several calculi removed from a man under the following circumstances:

Patient had been under treatment for a length of time, yet the state of his bladder was never suspected. Opiates had been given to him to such an extent that he became a confirmed opium eater. After an examination of his bladder, the ordinary lateral operation was decided upon. The case did pretty well, but the incision refused to granulate. He then was given his accustomed quantum of of opium, when the wound rapidly healed.

Dr. Keyes was of opinion before the operation, from his experience with tobacco smokers that a larger amount of the anæsthetic would be required. In this he was mistaken.

The President of the Society stated that it was his custom to give a dose of morphia before the ether.

Dr. ROGERS said that he had seen in the foreign journals, that hypodermics of morphia had been advised to prolong the anæsthesia.

Intussusception.

Dr. J. L. SMITH presented portions of the intestines of an infant showing intussusception four inches above the ilio-cæcal valve.

The only symptoms noticed were slight convulsions and death. An examination of the specimen showed only slight inflammation of the invaginated portion.

Purpura Hemorrhagica—Laryngitis, Tracheitis and Bronchitis.

Dr. LOOMIS presented the larynx and trachea of a case with the following history: The patient, aged 47, had been a drunkard for years, but for three or four years before his death showed signs of debility. One week before entering the hospital complained of cough; the next day or so spots appeared on his forehead, with nausea and vomiting.

On admission into Bellevue Hospital the whole surface was dark with blebs scattered here and there. There was also complete aphonia with distressed respiration. The day after coming into hospital he had an attack of hæmoptysis followed by death. At the autopsy the lungs were found congested and œdomatous.

The pharynx, larynx and bronchial tubes were dark from punctate ecchymosis and covered by fibrous exudation.

ACADEMY OF MEDICINE.

January 19th, 1871.

Dr. BUCKLEY read an appropriate address, and said he had much pleasure on introducing his successor, Dr. EDMUND R. PEASLEE.

The President, after being installed, reviewed the history of medicine from the earliest times, and proceeded to speak of the claims of the science on medical men. A question that proposes itself to the devotee of medical science is, how may it be advanced? First, by encouraging the labors of others; second, by our own labors.

We may ourselves advance it by arranging facts, by correcting errors, and by actual discoveries. Many are adapted to the first two divisions of the work, but comparatively few can make discoveries. Those who aim at original investigation, should first make themselves familiar with everything that has previously been accomplished in their branch, else they will find, as frequently occurs, that they have been anticipated.

Inflammation displays a field nearly entirely open, nothing yet of any importance being achieved.

Digestion, also, has many things that are but feebly understood.

The discoverer has two claims; firstly, by facts, secondly by principles obtained by deduction.

The one is the result of observation, simply; the other comes by reason; but in either intense and continued thought is required. It is a noted fact

that no irregular man has ever yet made a development which was confirmed to be original.

The question arises, who have the leisure to do the work? The obvious answer is, young men; and by far the largest amount has been done by men under 40. Yet there are many instances to prove that great labors have been finished by men who were 80 or nearly so.

Dr. SMITH read resolutions, the production of a meeting composed of members of the Academy of Medicine, and of the N. Y. County Medical Society, held this morning. These resolutions expressed sorrow and condolence for the death of Dr. WM. B. BIBBINS, formerly an officer of the Academy of Medicine, and ex-President of the Pathological Society.

The President announced that at the next meeting a paper would be read on diabetes mellitus, by Governeur M. SMITH.

EDITORIAL DEPARTMENT.

PERISCOPE.

Diseases of Domestic Animals.

We are indebted to our English exchanges for the following items:

Cattle plague is at present reported to exist in *Austria*, in the provinces of Transylvania and Galicia; in *Belgium*, in the districts of Jamoigne and Bloid; in *France*, in Alsace and Lorraine, Seine and Marne, the Ardennes, and the Moselle; in *North Germany*, in Prussia, Rhenish Prussia and Brandenburg, in Pomerania and German Lorraine; in *South Germany*, in Bavaria, Baden, and Wurtemburg; in *Russia*, in Poland, places opposite East Prussia, and at Riga and its vicinity; in *Turkey in Asia*, on the north-east coast of the Black Sea; in *Turkey in Europe*, in Thessaly and Roumania.

Pleuro-pneumonia exists, abroad, in Holland, North Germany, and Turkey in Asia; at home, in thirty-six counties in Great Britain.

Foot-and-mouth disease exists abroad, in North Africa, many parts of South America (especially on the north of the Rio Nigro, and on the side of the river Uruguay), in Denmark, France, Italy, and the United States; at home, in sixty-three counties of Great Britain.

Sheep-pox exists, abroad, in North Germany, and Italy; there is no report of its existence at home.

Sheep-scab prevails, abroad, in North Germany, and is reported to exist at home in thirty-three counties of Great Britain.

Besides the above-named diseases, others are said to be raging in various parts of the world, notably in Texas; cattle-plague in Virginia, splenitis in Prussia, and fatal diseases among horses in Italy, Russia, and Sweden.

The treatment of pleuro-pneumonia in cattle has attracted a good deal of attention of late, Carbolic acid has long been recognised as an excellent agent in cases of pleuro-pneumonia, though experience shows that it is more effective as a prophylactic than as a curative. The most successful treatment which has been tried and officially reported on by the veterinary medical advisers of the Privy Council in contagious pleuro-pneumonia consists of the external and internal use of carbolic acid, with strict attention to diet and temperature. Carbolic acid (crystalline), one drachm; rectified spirit, two ounces; linseed mucilage, one pint; shake the acid with the rectified spirit, and add the mucilage. This dose should be given twice a day to an adult animal, and half the quantity twice a day to a steer or heifer. Carbolic acid mixed with fifty parts of water should be freely used to the floors of the sheds in which the cattle (sick or healthy) are kept; a strong odor of the acid should always prevail in the sheds if the agent is used sufficiently often. Very little benefit is likely to result unless the treatment is commenced in the early stage of the disease, and, even then, the major part of the cases terminate fatally.

Carbolic Acid in Otorrhœa.

Dr. JOHN P. PENNEFATHER says in the *Lancet*:

The following cases, as examples of the almost uniform good results attending the use of carbolic acid as an injection in chronic otorrhœa, may not be uninteresting to the profession. I have taken them at hazard from some hundreds which I have treated in a similar manner at the Royal Dispensary for Diseases of the Ear. In the few instances in which its application failed to entirely cure, it not only lessened the secretion considerably, but deprived it of the disgusting fetor by which it is usually characterized—a boon of no small moment both to the sufferer and the surrounding friends The proportions in which I have prescribed it, are: carbolic acid, one drachm; glycerine, one ounce; distilled water, five ounces. I have never found it create the slightest irritation, and the only complaint I have heard was when a too vigorous appli-

cation of the syringe forced the fluid through a perforated membrane into the mouth.

CASE 1.—Wm. W.; fell from a ladder four years ago. Had suffered from profuse, hischarge from his right ear ever since. On Nov. 13th was ordered to syringe with carbolic acid lotion, three times daily. Discharged, completely cured, on Nov. 26th.

CASE 2.—Mary Ann W.; has suffered from highly offensive discharge from right ear for three years, after scarlatina. On Nov. 12 was ordered to syringe with carbolic-acid lotion. Discharged, well, on Nov. 26th.

CASE 3.—John W. W. Discharge from right ear for twelve years; attributes it to a severe cold. On June 17th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on July 1st.

CASE 4.—Henry B., aged three years. Discharge from both ears for twelve months, after whooping-cough. On Oct. 28th was ordered to syringe thrice daily with carbolic-acid lotion. Discharged, well, on Nov. 18th.

CASE 5.—Jane W. Discharge from left ear for ten years, after scarlatina, highly offensive. On July 6th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on Nov. 25th.

CASE 6th.—Mary S. Discharge from left ear for fifteen years, after scarlatina. Complains much of its offensive character. On June 8th was ordered to syringe with carbolic-acid lotion four times daily. Discharged, well, on Nov. 18th.

Safety of Hypodermic Injections.

A paper was recently read before the Clinical Society of London by Dr. HANDFIELD JONES, entitled, "A Query as to the Safety of Subcutaneous Injections." Three cases were described in which the injection of small doses of morphia or opium (1-5 gr. of morphia in the first case, 5 minims of liquor opii in the second, and 5-24 gr. of morphia in the third) had been followed by more or less serious fainting. Reference was made to published cases of serious symptoms following subcutaneous injections of morphia. He suggested the subject as one upon which the Clinical Society might usefully bring their experience to bear, especially with the view of discovering whether there were any objective signs of the state in which opium was not tolerated, and whether such a state might exist at one time and not at another. He thought it very desirable to ascertain whether morbid changes in the valves or muscular tissue of the heart increased the liability to the occurrence of syncope, or whether this was chiefly dependent, as chloroform-syncope seems to be, on some latent infirmity of the cardiac nervous centres.

Dr. SOUTHEY cited an instance in which death had followed the injection of a sixth of a grain of morphia, and made some remarks, the pith of which was that such injections were dangerous in cases of advanced heart disease.

Dr. CHARLES HUNTER, speaking from an experience of about 2,000 cases annually, saw no risk in the system of hypodermic injection, whether there was evidence of heart disease or not. Care should be used at the first injection, and the state of the kidneys should be looked to. It was possible that tetanus might result from puncturing a nerve, but he had never seen it.

Ileus Cured by Electricity.

Dr. MACARIO, of Nice, has published this case in the *Annali Univ.*, Oct. 1870.—The patient was a gentleman of seventy-one, who being habitually costive, used purgatives and clysters to excess. On the 22d of February last, he had taken in the morning, no less than six enemata of warm water to open the bowels, and eaten his meal as usual. Half an hour afterwards he was seized with severe pains in the umbilical region with some vomiting, and an alvine dejection took place at 4 P. M. The latter seemed to be simply the expulsion of the clysters. From that time no fæces or flatus passed, and the patient presenting a haggard countenance, and suffering severely from cramps in the legs, had all the appearance of a man stricken with cholera. A consultation was arranged for the next day, and Dr. Macario proposed, as no hernia could be discovered, to use electricity. A powerful battery was procured, and one of the conductors was placed in the rectum, while the other covered with a wet sponge, was moved about on the abdominal parieties. The latter contracted energetically, the surface of the abdomen looking, says Dr. Macario, like a sea agitated by billows. The patient experienced much pain, and begged that the current might be broken. It was continued for ten minutes; the vomiting ceased, a visible improvement took place, and four hours afterward the bowels were moved, several evacuations taking place the same night. Whether the case was ileus or not, it is clear the galvanic current proved very effectual.

The Rapidity of Nervous Impressions.

Some further experiments on this point are recorded in the *Centralblatt für Medicin. Wissenschaften.* The median nerve was irritated first where it runs in the bicipital groove, and afterward at the wrist, where it runs on the ulnar side of the musculus flexor carpi radialis, the distance of the electrodes being about 300 millimetres, or above one foot. The muscular contractions produced were strong, a more powerful current being required

for the excitation of the nerve above where it lies deepest. In order to obtain trustworthy results, one or two minutes were allowed to pass between each experiment. The best observations gave a result of from 50 to 60 metres per second as the rapidity of propagation of motor impulses, with a mean of 53 metres per second. This differs considerably from the estimate of HELMHOLTZ, who estimates it at only 33 metres per second. The point of excitation in Helmholtz's experiments was somewhat higher than in those of M. PLACE, the experimenter; and when Helmholtz's point was taken, a number (35.25 metres per second) not very different from his was obtained.

Further investigations showed the general truth of MUNK'S observation, that the rapidity of propagation of impulses was much greater in the peripheral than in the central portions of a nerve. Helmholtz's observations were carried on with a new instrument, of which the idea was suggested by FICK. He found that variations in temperature exert an important influence on the rapidity of propagation of motor impulses, the rapidity being much greater in warm than in cold temperatures. He found also that when two induction currents are passed through, an interval of at least 1-500th of a second must elapse between them in order that the second stroke should produce an augmentation of the muscular contraction. If the period be less than this, the two act as a single shock; with an interval of 1-300th of a second the augmentation is very perceptible. Constant currents readily produce tetanus, especially when passed in a downward direction. Oscillations are felt in the muscle, the duration of which amounts to 0-09 of a second.

Prolapse of the Funis.

A member of the Medical Society of London, Dr. BRUNTON, advocated recently the postural treatment of this complication. He showed how the postural method was, in accordance with the principles of common sense, always applicable, the hand was the only instrument required, there was no danger to the mother, as in version, and out of ten cases thus treated by him, eight were born alive, of the two that were dead, one died before he arrived, and in the other case there was an extensive disease of the placenta. The operation consists in altering the direction of the uterine axis or plane, which is downward and backward, when the mother lies on her back, and nearly level when she is in the usual obstetric position; by placing the mother on her hands and knees in the attitude of an Eastern worshipper, the axis is made to pass upward and backward, then the cord can be returned by the hand during the intervals of pain or by its own weight, it slips up beyond the head—the fingers are made to irritate the os uteri by rotation till pain comes on, then the lower segment of the uterus clutches the head or presenting part firmly and no prolapse occurs. The difficulty being thus overcome, the patient can now assume the usual obstetric position. Dr. Brunton showed some of the instruments usually employed for the reduction of the cord. He illustrated his subject by drawings, and suggested a modification of the postural method by applying the same principle, the action of gravity, in the usual obstetric position, when the uterine plane had been altered by propping up the pelvis by pillows, so as to give the uterine plane an inclination by which the cord might slip up. Dr. Brunton had not seen the postural method described in the manuals of obstetrics, except cursorily, as the knee-elbow position was the method more generally known, and followed infant mortality in cases of prolapsus funis would be reduced to a minimum.

Enlargement of the Uterus.

Dr. ATTHILL read a paper on this disease, at a late meeting of the Dublin Obstetrical Society:

After passing an encomium on the uterine sound, which he considers to be not only one of the most useful, but also the safest instrument we possess, if carefully and skilfully used; he proceeded to say that enlargement of the uterus was met with in a very large percentage of those cases in which the symptoms are referable to the organs of generation in the female, a condition easily explicable when the great change which takes place in the uterus under the influence of pregnancy, and even, in a degree, at each menstrual period, is borne in mind. The following, apart from the actual existence of pregnancy, are the causes to which most frequently enlargement of the uterus is due, namely to—

1st. Sub-involution of the uterus after pregnancy or abortion.

2nd. Congestion of the uterus from sudden suppression or retardation of menstruation.

3rd. Acute inflammation of the uterus, or its peritoneal covering.

4th. Chronic inflammation of the uterus.

5th. Hypertrophy of the uterus.

6th. The stimulus given to the uterus by the presence in its walls of fibrous tumors.

7th. The existence of any form of intra-uterine tumors.

With respect to sub-involution, it was very frequently met with, being a condition specially likely to occur in cases in which any form of pelvic inflammation follows delivery. It may occur also after abortion. The earliest symptom of sub-involution, and the most common is, undoubtedly, menorrhagia, a symptom nearly invariably present. Dr. Atthill, however, narrated a case of sub-involution of the uterus, in which amenorrhœa existed. The uterus in this case was very large, the sound penetrating

to the depth of five inches. This patient was perfectly cured, the treatment adopted being the introduction up to the fundus of the uterus of eight grains of the solid nitrate of silver, which, dissolving stimulated the whole of the inner surface of the uterus, and caused healthy interstitial absorption to be set up. Dr. Atthill advocated this plan of treatment in cases of enlargement of the uterus depending on sub-involution. The occurrence of enlargement of the uterus from sudden suppression of menstruation was next dwelt on; the occurrence of this form of enlargement is difficult to verify. Dr. Atthill, however, stated that he believed it to take place not unfrequently, and gave the particulars of a case in which the measurement of the uterus, by means of the sound, proved this to be so. All writers mention the liability of the uterus to enlarge during an attack of acute inflammation of that organ. The correctness of this was confirmed by the details of cases in which, by the introduction of the sound, the increase in size and subsequent diminution was proved, in instances both of metritis and peritonitis. Chronic inflammation of the uterus appears to be a very common cause of enlargement of the uterus, and gives rise to much distress. It is often associated with retroflexion, not unfrequently being the cause of that displacement. Menstruation was stated to be, in the writer's opinion, generally much diminished by the occurrence of chronic inflammation. Of all the cases of enlargement of the uterus, simple hypertrophy of the muscular tissues of the uterus is that giving rise to the greatest amount of distress, and the form least capable of being benefited by treatment; in it menstruation occasionally becomes painful, sometimes scanty, but seldom, if ever, increased in quantity. Cases illustrating this, and each of the other forms of enlargement of the uterus, were detailed and commented on, and the paper concluded with some general observations on treatment. The consideration of the other forms of enlargement of the uterus being deferred to some future occasion.

Paroxysmal Hæmaturia.

At a recent meeting of the Clinical Society of London Dr. WILTSHIRE narrated five cases which he thought presented the characteristic symptoms of paroxysmal hæmaturia—namely, rigors, yellow discoloration of the skin, and dark urine, the latter containing the red coloring matter of the blood, albumen, oxalates, lithates, etc. Observation had led him to regard the yellowish discoloration of the skin as the most constant and important symptom, and he advanced the hypothesis that it was due (like the dark urine) to disintegration of the red corpuscles of the blood, the disintegrating agent being a volatile organic acid, probably a fatty acid, which was thrown back into the system by chilling of the skin in persons predisposed to the affection. He supported this view by a reference to the effect of venoms on the blood, and especially when the virulence of these poisons was intensified by the addition of volatile organic acid. He also cited the discolorations of the skin which are seen in pyæmia, Addison's disease, chlorosis, certain forms of so-called jaundice, as icterus neonatorum, sudden suppression of normal discharges, as the sweat, menses, etc., and referred to the greenish hue of unhealthy women at the catamenial period, as evidence that chromatic changes might occur in the skin as the result of auto-genetic poisoning. He argued that the elimination of the coloring matter of the blood by the kidney was not an essential symptom, and adduced evidence in support of this view. He thought that, clinically, the scope of the disease should be widened, the pathological process comprehending, he believed, a considerable number of affections not hitherto classed with it. Believing the disease to consist essentially of a process of diffused hæmatolysis, and arguing that, as a consequence, the names hitherto employed—namely, intermittent or paroxysmal hæmaturia, hæmatinuria, and cruenturia—only expressed a symptom, and that neither a constant or necessary one, Dr. Wiltshire, although averse to the invention of new names, proposed "paroxysmal hæmatolysis" as a more fitting and expressive one.

How to Administer Raw Meat.

The *Lancet* says: "The fillet should be preferred, as being the most delicate and the richest in muscular fibrin. It should be freed with the utmost care from fat and tendon. It should be finely minced, and then brayed in a mortar of wood or stone. When reduced to a paste it should be covered with sugar, gluten, or vegetable gelatine to overcome the repugnance with which it is at first naturally regarded. Some prefer to squeeze out the juice and swallow it mixed with a little rum or orange-flower water; whilst others again make it into boluses, and take it in slightly warmed beef-tea or soup."

Oil of Peppermint as a Local Application in Neuralgia, etc.

A correspondent of the *Lancet* says:—"A few years ago, when in China, I became acquainted with the fact that the natives, when suffering from facial neuralgia, applied oil of peppermint to the seat of pain with a camel-hair pencil. Since then, in my own practice, I have frequently employed the oil of peppermint as a local anæsthetic (?) not only in neuralgia, but also in gout, with remarkably good results. I have found the relief from pain to be almost instantaneous."

Reviews and Book Notices.

BOOK NOTICES.

On Epilepsy: Anatomo-Pathological and Clinical Notes (with original plates and engravings). By M. Gonzalez Echeveria, M. D., etc. New York: William Wood & Co., 61 Walker street. 1870. 1 vol., 8vo., cloth, pp. 386.

This volume is the result of a large amount of careful original research, and throws much light on an obscure and fearful disease. The author's views are based upon numerous necroscopic examinations of epileptics, as well as an extended study of many cases. He finds the medulla oblongata to be the primary seat of epilepsy, and that it at first involves the vaso-motor nerves. Synoptical tables are given of the principal phenomena in over three hundred cases, and a very complete discussion of the real and alleged causes are entered into. The treatment, with illustrative cases, occupies a good share of the work.

The publisher has done his part admirably. The type is large and clear and the paper excellent. A number of well executed chromo lithographs of pathological appearances add much both to the beauty and the value of the book. On the whole we consider it the most valuable contribution to the study of epilepsy which has appeared for some time.

The Transmission of Life, by G. H. Napheys, A. M., M. D., member of the Philadelphia County Medical Society; corresponding member of the Gynæcological Society of Boston, etc.; author of the "Compendium of Modern Therapeutics;" "The Physical Life of Woman," etc. 1 vol. 12 mo. J. G. Fergus & Co., Philadelphia. Price $2.00.

We have examined this work with considerable curiosity. It is intended to meet a want which during the last year has been urgently expressed by several medical and literary journals in this country and England, namely, to place before the public in popular yet irreproachable language, what information regarding the hygiene, nature, uses and abuses of the procreative function in the male, is necessary to protect the individual from the evil consequences of his own folly or ignorance. We agree with the journals referred to that such a work would do good. We have to inquire, therefore, whether Dr. NAPHEYS has succeeded in producing such an one.

That he would observe a scrupulous avoidance of everything which would offend either good morals or good taste we felt sure, and are not astonished, therefore, that even such an eminent authority as the Rev. Dr. JOHN TODD speaks of his work in these terms: "I am surprised at the extent and accuracy of your reading, the judiciousness of your positions and results, the clear, unequivocal, yet delicate and appropriate language used, and the amount of valuable information conveyed. The book cannot fail to do good, great good, if rightly heeded," while the Rev. HORACE BUSHNELL writes: "I see it to be a book immensely wanted, and think it will do much good." Higher testimony to its moral tone could not be presented.

Turning to the medical views expressed, we find the work divided into the Natural History of Manhood, the Celibate Life, and the Married Life. Under the first of these are treated the topics of puberty and virility, the former giving occasion for some admirable instructions in the hygiene of schools. The latter is a study of the passions and the powers as they exist in the adult male.

In this part the study of the effects produced on the virile power by certain food, drinks and drugs, strikes us as most novel and useful. The author adduces various reasons for believing that there is in this country a tendency to a premature loss of virility, in which view he is, we believe, supported by some of the New England statisticians.

Under the Celibate Life, besides some general questions, he enters more fully into the discussion of four topics of extended interest,—self-abuse, venereal diseases, spermatorrhœa, and prostitution. It will readily be conceived that to discuss these topics clearly, positively, and with benefit to the lay reader, requires no ordinary tact; and we must say that the author has succeeded beyond all our expectations. No one can possibly be harmed by perusing his pages, and none but will be instructed and benefited. He is neither a ruthless alarmist, nor yet blind to the extensive and growing evils arising from these sources. The chapter on prostitution is based on recent and original information, and deals almost exclusively with that vice as it appears in the United States.

The third part relates to the mental relations, and we would gladly see its information universally distributed. The most striking portion of it is the author's discussion of impotence, its causes and treatment. Few professional men but will find it repay their study.

The work is characterized throughout by sound scientific views, and indicates extensive and careful reading. In parts, however, it seems to us too technical for the general reader. The publishers have brought it out on handsome paper and well bound. Their method of sale, however, which we believe is exclusively by mail, we fear will limit its distribution, and this is to be regretted.

——Dr. HEBER SMITH has been appointed Superintendent of the Marine Hospital at New Orleans.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 4, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE REGISTRATION OF DISEASE.

A matter is exciting the earnest attention of the medical profession in Great Britain, which we should gladly see have some chance of consideration in this country. It is the registration of disease. This will have, if perfected and the results properly consolidated, a most beneficent effect on the general sanitary condition of the country. It will carry out in detail, and with exactitude, that plan which, in a vague manner, we have adopted in county and State reports.

We all know that there are very many diseases, and very prevalent ones, which rarely appear upon the mortuary returns. They are in one sense of benign character, not resulting in death, but often in a long illness. Such for example are rheumatism, intermittent fever, measles, etc. They afflict the public more by removing its active members for longer or shorter periods from useful activity, than by wholly robbing it of their services.

The study of these diseases in the aggregate, when that study can be prosecuted under favorable auspices and from exact data, we may confidently expect will result in such generalizations as may lead us to the knowledge of effective preventive measures.

If we enter the wards of any of our public hospitals, we are sure to find many beds occupied by just this class of patients, thus entailing a heavy expense upon the foundation, which probably could, with more benefit to society at large, be applied to more severe diseases. But also in that class of diseases which do in a large percentage of cases have fatal results, it is perhaps even more desirable that we should know how many are sick, and not only how many succumb. The extension of epidemics, the localities and distribution of audiences, could by such a system of registration be definitely ascertained.

The question is, how to accomplish this? Our English neighbors seem inclined to throw the burden of it upon the medical officers under the Poor-Law. These are an overtaxed body, already inadequately paid and overworked, and we do not look for much information from them, worthy men though most of them are.

With us, we must look to State and county societies, and to individual members of the profession for such information. There is a growing tendency to recording professional experience, and it should be fostered and encouraged. That which comes as the spontaneous fruit of a love of science, is far better than any obligatory system, which is usually carelessly regarded. How interesting would it be to have in synoptical form a record of every case which a physician of a score of years' experience has seen! And how valuable to have the condensed view of a few hundred such records!

——Dr. JOHN A. DEMPSEY, of Pleasant Valley, Bergen county, N. J., was taken ill at the residence of a friend in New York, on the night of the 31st ult., and died before a physician could arrive.

Notes and Comments.

Sudden Death in Phthisis.

The suddenness of death in consumption often puzzles the physician. We see in an English exchange that M. PERROUD terminates a paper which he read at the Lyons Medical Society on this topic with the following conclusions: 1. Although sudden death in the subjects of phthisis has been noted, it has been but little studied, and is in need of further investigation. 2. It may present several varieties; and thus it may be really sudden or only very rapid. 3. Rapid death may have for its cause a mechanical obstacle to the passage of air into the bronchial passages, as in œdema of the glottis, extravasation of blood into the bronchi, the fall of masses of tubercle into the bronchial ramifications, etc. 4. It may also be induced by a mechanical obstacle to the circulation of the blood, as in pulmonary embolism, cerebral embolism, or thrombosis of the cerebral vessels. 5. These two varieties are usually accompanied with their special symptoms, these especially consisting of some of the forms of dyspnœa. 6. Sudden death is the immediate result of nervous action. Whether this be reflexed arrest of the heart's action through the intermedium of the pneumogastric, or a nervous exhaustion of that portion of the bulb termed the vital point (*nœud vital*) by the intermedium of the same nerve. 7. The initial excitation of these nervous acts may have its point of departure in the heart and pulmonary artery, in the larynx and bronchial tree, in the pulmonary parenchyma, or even in the visceral pleura, as some sudden deaths which take place in hydrothorax seem to indicate.

Dr. Ricord.

In the terrible sortie of November the 30th, the most distinguished services to the wounded were rendered by Dr. RICORD. Having established his headquarters in a ruined hut, he awaited the arrival of the *brancards* with their unhappy freight. As each poor sufferer was brought in, he gently but rapidly relieved him of his clothes, dressed his wound, or applied the splint to his shattered limb, as the case might be, placed him on his shelf, and had him conveyed by ambulance wagon to the steamers which were moored on the Marne, by Joinville. As soon as the boat had taken in as many as it could hold, it steamed swiftly down stream to the bridge near the Bastille, whence the *brancards* bore the patients to the hospitals or to the private houses which had been prepared for their reception. For hours and hours Dr. Ricord continued thus to exert himself: according to one eye-witness, he "created amazement by his ubiquity." The doctor's seventieth birthday was on the 10th of December; and in the energy he displayed he adds another to the list of able and vigorous septuagenarians.

Consanguineous Unions.

According to Professor MANTEGAZZA, the probability of defect in the offspring augments with the degree or closeness of *maternal* relationship, so that the danger of marriage between cousins decreases in the following order: marriage between the children of two sisters; marriage between the children of a brother and sister; marriage between the children of two brothers. Two reasons, he considers, explain this law: the first is that, whether for good or evil, we all inherit more from the mother than from the father; and the second—which let us hope, is an Italian and not an American one—to wit, that every one is the son of his mother, but not all are the sons of their fathers.

Preserved Meat.

DR. STEIN, of Dresden, while lecturing lately on the preservation of food, opened a tin canister of meat preserved by what is known as Apert's method, and prepared by him in 1851. The meat, on examination, it is said, was found to be as fresh and of as good a flavor as when placed in the canister nineteen years previously.

Correspondence.

DOMESTIC.

Is Scarlatina Contagious?

EDS. MED. AND SURG. REPORTER:

The discussion of this subject has appeared in several numbers of your valuable journal. I wish to cite one instance in point, and which I think proves the contagiousness of scarlet fever beyond all doubt. In the year 1864 a family with three children, living in the State of Wisconsin, during the winter season, had scarlet fever in its worst form although in no instance did it prove fatal in the family. All three of the children had it. After two months, when every member of the family was convalescent, the father, with the oldest son, went on a visit to Ohio, and to a locality which was perectly free from the disease, among some friends. In two weeks after, three members of *that* family were attacked with scarlet fever, the oldest and youngest of which died from its effects, one on the ninth day, and the other on the third day of attack. The other case convalesced slowly and is now enjoying good health. This instance, in my

mind, establishes beyond all doubt, the contagiousness of scarlet fever, and forever sets at rest that point.

H. M. Beer, M. D.

Valparaiso, Ind., Jan. 10, 1871.

Congenital Malformations.

Eds. Med. and Surg. Reporter:

A great deal has been written on this subject, and a great variety of opinions are entertained in regard to it. I have no theories to advocate here, but would simply, with your permission, relate the incidents of a case that came under my own observation, in one of the southern counties of England, twenty-five years ago.

The case is as follows: A laboring man had been accused of some petty larceny, and was arrested by the police, and put in a buggy to be taken to jail. His wife, about three months advanced in pregnancy, in a state of great distress and excitement, went to the buggy and made violent efforts to take her husband out of the hands of the police officers. In order to compel her to desist, one of the officers struck her a blow across the fingers. The act was noticed by a great many persons, and its probable results commented upon. In due time she was delivered of a boy, well formed in every respect, excepting one hand; this had neither finger nor thumb.

I was present at the time of the husband's arrest, and saw the woman's hand struck by the officer's cane. I give the above as a *fact* without attempting to account for its "why or wherefore."

Jacob T. Davis, M. D.

Laconia, Ind., Jan. 10, 1871.

News and Miscellany.

A Noble Reply.

It is related of Professor Agassiz, that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not *time* to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow-men at the same time."

——Dr. Sylvanus Brown, of Derry, N. H., was thrown from his carriage on Oct. 24th, and has since died from his injuries.

——A leading German medical journal speaks in terms of much praise of a work on "Progressive Atrophy of Muscle," by Miss Frances Elizabeth Morgan, M. D., of the University of Zurich.

——Dr. Wm. H. Phillips has been appointed Examining Surgeon in the Pension Office at Kenton, Ohio.

Queries and Replies.

Country Practitioners.

A subscriber in Tennessee, says:—"While writing on business, I will take occasion to say that I am more and more pleased with the Reporter, and begin to consider it one of my favorite weekly papers. Coming so often, and having less matter than a monthly, I am sure to read every word, while journals published at longer intervals seem more like strangers and read with less interest. Having lived 15 years in a small country village in Michigan, which I left in 1854, I can fully appreciate your remarks in a late number upon the subject of *Country Practitioners*.

The best of my experience in febrile diseases and obstetrical practice occurred in the Peninsular State."

Dr. J. H. B., Iowa.—Bence Jones' work on Animal Chemistry costs $3, and on Diseases of the Urinary Organs, $3. They have not been republished here.

Obituary.

Wm. B. Bibbins, M. D.

At the regular meeting of the "Northwestern Medical and Surgical Society," held at the residence of Dr. Stephen Rogers, on the evening of January 17th, 1871, Dr. C. S. Wood, President in the chair, and Dr. J. C. Thomas, Secretary, after the conclusion of the regular order of business, the death of Dr. Wm. B. Bibbins was brought to the notice of the Society, and the following preamble and resolutions were presented by Dr. Ed. C. Harwood and adopted by the Society, and a copy of the same ordered to be furnished to the medical journals for publication:

Whereas, We have learned of the death of our professional brother, Dr. Wm. B. Bibbins,

Resolved, That we receive the sad tidings of his death with profound sorrow.

Resolved, That in his death our profession and the community have lost one of its most useful, beneficent and esteemed members.

Married.

Bell—Caldwell. On the 11th of January, 1871, at the residence of the bride's father, by the Rev. W. A. Sample, Dr. James K. Bell and Miss Zella A. Caldwell, all of Sebastian county, Arkansas.

Peeples—Cutler. December 27th, at the Union manse, Coleraine twp., Lancaster county, Pa., by the Rev. Calvin W. Stewart, James A. Peeples, M. D., of Eastland, Lancaster county, and Miss Rebecca A. Cutler, of Cecil county, Md.

Wight—Center. In Brooklyn, N. Y., January 9th, 1871, by the Rev. Dr. Hall, Jarvis S. Wight, M. D., and Miss Mary Center, daughter of the late Hon. Joseph Center.

Young—Day. In Greenwood, Ohio, January 18th, at the residence of the bride's father, by the Rev. James Richards, D. D., of Boston, assisted by Rev. C. P. Bliss, of Wakefield, Charles L. Young, of Toledo, Ohio, and Cora M., daughter of Dr. Albert Day.

Died.

Boyd—In Fannettsburg, Pa., January 4th, Lucinda, wife of Dr. S. W. Boyd, aged 40 years.

Caswell—At Mount Vernon, N. Y., January 22rd, Eleanor, only daughter of Dr. Walter and Emma Caswell, in the 4th year of her age.

Parsons—At Hartford, Conn., January 22d, Mary, wife of James C. Parsons, of Hartford, and daughter of the late Samuel McClellan, M. D., of this city.

Wood—In Cincinnati, January 22d, 1871, Willie W. Wood, son of Dr. T. and E. J. Wood.